

PATENT APPLICATION DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/070823

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	NUMBER FILED	NUMBER EXTRA
FOR		
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	50
INDEPENDENT CLAIMS	11 minus 3 =	8
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	93 Minus	70	23
Independent	15 Minus	11	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

6/2/05

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	99 Minus	93	6
Independent	17 Minus	15	2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

6/6/06

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	81 Minus	99	0
Independent	03 Minus	17	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	445
X\$ 9=	140
X42=	336
+140=	
TOTAL	1231

RATE	FEE
BASIC FEE	
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	207.00
X42=	172.00
+140=	
TOTAL ADDIT. FEE	379

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	150.00
X42=	200.00
+140=	
TOTAL ADDIT. FEE	350.00

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

AMENDMENT AFTER FINAL REJECTION	Application #	10/070,823
	Confirmation #	9547
	Filing Date	July 15, 2002
	First Inventor	BEYERSDORFF
	Art Unit	3733
	Examiner	Comstock, David C.
	Docket #	P06795US00/MP

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:


In response to the Final Rejection dated August 23, 2005, and further in response to the Notice of Panel Decision from Pre-Appeal Brief Review dated May 8, 2006, please consider the responsive Remarks provided herewith in Attachment A, and please amend the above identified application as follows:

- Amendments to the Claims are reflected in the listing of the claims provided herewith in Attachment B.

In view of the amendments made and the remarks provided, it is submitted that the present application is in condition for allowance.

Respectfully submitted,

Date: June 6, 2006


By: Marvin Petry
Registration No.: 22752

STITES & HARBISON PLC • 1199 North Fairfax St. • Suite 900 • Alexandria, VA 22314
TEL: 703-739-4900 • FAX: 703-739-9577 • CUSTOMER NO. 000881

1252 \$450

Customized PTO/SB/21 (12-04)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	10/070,823
	Confirmation #	9547
	Filing Date	July 15, 2002
	First Inventor	BEYERSDORFF
	Art Unit	3733
Examiner	Comstock, David C.	
Total number of pages in this submission =	Docket #	P06795US00/MP

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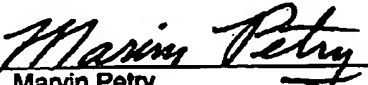
ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fees calculated below <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> including Attachment(s) <input checked="" type="checkbox"/> After Final Amendment <input checked="" type="checkbox"/> including Attachments A (remarks) & B (claims) <input type="checkbox"/> Extension of Time Petition <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl. <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Certificate of Transmission Under 37 CFR 1.8 <input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
<input type="checkbox"/> TOTAL CLAIMS	81	- 93	0	X \$ 50 =	
<input type="checkbox"/> INDEPENDENT CLAIMS	13	- 15	0	X \$ 200 =	
TOTAL OF ABOVE CLAIMS FEES =					
<input type="checkbox"/> Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					
<input type="checkbox"/> Fee for extension of time (per attached Petition)					
<input type="checkbox"/> Other fee for					
TOTAL OF ALL FEES =					0

☐ A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$0 is enclosed.

- ☒ The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:
- (1) If no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
- (2) If no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: June 6, 2006


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